

## **CITY OF LOUISVILLE**

## POLICE DEPARTMENT APPLICATION SUPPLEMENT

Full Name	(Last)		(First)		(Middle)	
BACKGROU		ncomplete or i	naccurate ar	nswers will cause	you to not be considered	for
List all traffi	c offenses	and/or infract	ions for whi	ch you have been	charged since you were	16.
Offense			Date	City, State	Disposition	
						_
List all crimin	nal offense	es and/or infrac	tions for whi	ich you have been	charged since you were '	16.
Offense			Date	City, State	Disposition	
						_
					-	
List all drugs	s and nard	otics that you	have illegall	ly used since you	were 16.	
Substance	-			9	*	
N A						
				,		
List all pendir such as ove action is filed	rdue bills	gation in which that are being	you are a pl handled by	aintiff or defendar a collection serv	nt. Include financial matte vice, but for which no co	ers
Vature			Date	City, State		

(over)

Have you ever been named as the defendant in an injunction, restraining order, civil protection order or any other type of legal a Yes No	restraining order, temporary action for domestic violence?
If yes, please give full details.	
As a peace officer, corrections officer, or any other type of sworzeceived a verbal reprimand, written reprimand, or discipline for a of force or guns? Yes No	rn employee, have you ever my action related to the use
If yes, please give full details.	
Have you ever worked anywhere at which an agreement was remployer that information about you, your actions, your behavior not be released to prospective employers?	nade between you and the or your performance would
If yes, please give full details.	
certify that the facts set forth above in this supplemental application the best of my knowledge.	on are true and complete to
	**
Signature	Date

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